Mr. Nigel Sharman Meadows
HM Senior Coroner
Manchester (City) Area
PO Box 532
The Coroners Court
Manchester Town Hall
Albert Square
Manchester
M2 5BR

14th February 2017

Response to Regulation 28 Report to Prevent Future Deaths.

Dear Sir

Information for consideration

This response is in relation to the Regulation 28 Report issued on 30.12.2016 by email to members of the Human Support Group into the death of Mr. Raymond Shepherd, as part of my formal response, I wish to put forward some information to be considered. The comments book/daily record that is referred to in the report, was to our knowledge, still at the home of Mr. Shepherd at the time of his death in hospital. The information about the falls was only fully made available during the court hearing when it was given to [redacted] (Area Manager). As a Company, we were not invited to participate in any of the strategy meetings held by Trafford Council and we were not given the opportunity to be able to fully prepare for or to respond to the court's questions about information held in the comments book until the information was presented during the inquest.

1.Missed visits

Following on from the inquest, we have had time to look at digital telephone call records as well as our Rota system regarding the dates of the missed visits referred to in the report. The report refers to missed visits on 16th January, 17th January, 19th January and 22nd January 2016. Please see the following information:-

16th January (Saturday) – The most recent commissioning paperwork from Trafford Council dated 10.08.2015 does not schedule a tea visit it on Saturday evenings.

17th January (Sunday) – Sunday evening visits have not been provided since September 2015. A note on the Rota system states that the care plan (on the Rota system) has been amended to cancel the evening visits on Saturday and Sunday nights.

19th January (Tuesday) – Tuesday evening visits have not been provided since October 2015. I understand Mr. Shepherd had a long standing arrangement with a neighbour and they ate together on a Tuesday evening.

Craig House,
33 Ballbrook Avenue,
Didsbury,
Manchester M20 3JG
T: 0161 942 9472
E: enquiries@humansupportgroup.co.uk
www.humansupportgroup.co.uk
Company Reg No: 3513906

22nd January (Friday) – This evening visit was cancelled by Mr. Shepherd. An inbound phone call from Mr. Shepherd's mobile phone was received at 12.15 cancelling the visit that night, as evidenced from our digital call logs.

2) Ongoing risk of falls

Whilst this doesn't negate the facts that Mr. Shepherd had several falls between 18th and 23rd January 2016, that they were not reported fully to the Sale office or that a GP was not called for Mr. Shepherd, the paperwork that we have from Trafford Council in 2013 dated over a year before Mr. Shepherd was referred to the Human Support Group in 2014 for the Reablement service and before his long term domiciliary care package was commissioned. This paperwork states Mr. Shepherd was at risk of falls and had declined to have assistive technology or a pendant alarm, preferring to use his mobile telephone to summon help if needed. I can only assume that the date of 2013 on the paperwork was from a previously commissioned care package for Mr. Shepherd from another organisation.

Mr. Shepherd's long term alcohol abuse was known and well documented and there was nothing to suggest in any of the Trafford Council paperwork that Mr. Shepherd had did not have capacity and he continued to manage his own finances, shopping and medication. Mr. Shepherd was able to communicate easily, and in the three months prior to his hospital admission on 23rd January 2016, 84 phone calls were made by Mr. Shepherd to the Human Support Group. Despite frequent hospital admissions (several due to falls), hospital stays including a notable 12 week stay in late 2015, and discharges as well as district nurses involved in his support, there has been a collective failure from many partner agencies to look at how alcohol affected Mr. Shepherd's capacity to make day to day decisions.

3) Lack of appetite

Point 5 in the report refers to Mr. Shepherd's appetite being diminished over a period of days and that this should have triggered concerns. I can't negate this or explain why this did not trigger concerns from the Care Assistants scheduled to provide care, but it is known that Mr. Shepherd has historically had a poor appetite and had been prescribed fortisips to supplement his daily food intake. It is documented in the section of the comment book sent back as part of the Report that fortisips were given by the Care Assistants.

4) Actions taken/Action to be taken

4.1 Immediately after the inquest was held, I met with [redacted] (Area Manager) to discuss what had happened at the inquest and to look at plans that could be made going forward and lessons learnt. As information was available to us from the inquest that was not available to us before it took place, we were able to look at digital phone call logs as well as our rota system to look at the alleged missed visits in particular. The Company Board were made aware of the content of your Coroner's report at the Board Meeting that took place in January 2017.

4.2 A new care plan was already in development and a section was added about risks of falls and falls management. This was introduced to the wider Organisation on 1st December 2016.

4.3 The new care plan was amended during the development phase to look at capacity and substance/alcohol abuse as well as more emphasis on food and nutrition.

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4.4 Development of a new falls policy and procedure has been underway in January 2017 and this will be rolled out nationally when completed. Paperwork developed as a result of this review is being tested w/c 13.03.2017 in our Bristol office. All Managers and Quality Monitoring Officers have been made aware there is a new policy that is being drafted and will be soon implemented.

4.5 Although covered already in induction, the updated draft policy has been sent to the Training Manager for incorporation into the induction training for all new staff to start 20.02.2017

4.6 Falls prevention/identification information has been further incorporated into the Care Planning and Risk Assessment training already booked for Quality Monitoring Officers, starting with training in Bristol w/c 13.02.2017.

4.7 A falls poster has been developed and will be distributed to all offices alongside the new policy and procedure when it is completed. It is estimated that this will be w/c 20.02.2017.

4.8 Work around the Mental Capacity Act has been completed with the team in Sale, via meetings, posters and leaflets. The national roll out is being coordinated by Marketing and Communications Manager, [redacted].

4.9 [redacted] has met with the remaining Care Staff involved in Mr. Shepherd's care between 18-22nd January 2016 to discuss the outcome of the inquest and reflective practice.

4.10 The Sale office care planning matrix has been reviewed by [redacted] and brought up to date highlighting any care plan reviews that need to be completed. This is reviewed weekly by the Registered Manager. The next internal audit is due at the end of February/Beginning of March and the care planning matrix will be one of the focus areas for the team when auditing the branch.

4.11 Due to different options that falls could be recorded under on the electronic Rota system (Cold Harbour and CM2000) – additional fields have been added to ensure that data can be collected and/or viewed more easily for people who might have had a fall.

As an organisation, we sincerely regret the death of Mr. Shepherd, and will ensure that the appropriate lessons are learned within our service. We will also redouble our efforts to ensure that communication and partnership working between ourselves and statutory health and care services is improved to reduce the likelihood of future incidents.

Yours sincerely

[redacted]
Performance Director

cc. [redacted], Managing Director
[redacted] Area Manager (North West)

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